



Prevention Redesign Initiative

Healthy Children,
Families,
and Communities.



Substance abuse prevention programs help kids succeed in school.

FACT:

There were **5,765** deaths in Washington State in 2009 caused by, or related to, **alcohol** or **drug abuse**.

SOURCE: 2011 Risk and Protection Profile for Substance Abuse Prevention for Washington State; www.dshs.wa.gov/rda/research/risk.shtm

We all want to live in a healthy community.

When people misuse alcohol and other drugs, it also harms their families and communities. In our communities we see the impacts in higher rates of:

- Child abuse and neglect
- Crime
- Families who need public assistance
- DUI related injuries and deaths
- Unemployment

Alcohol and other drug use often harms children the most.

Children and teens are at high risk for developing short and long-term physical and emotional problems because their brains are still developing. These children are more likely to:

- commit crimes
- develop addiction
- drop out of school
- engage in unplanned and risky sex
- be seriously injured or killed

Children are also harmed by substance abuse in their families. The 2007 National Survey on Drug Use and Health found that 12 percent of children in the U.S. (8.3 million) live with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year. Substance abuse and addiction are the primary causes of at least 70 percent of all child welfare spending (National Center on Addiction and Substance Abuse).

2007 National Survey on Drug Use and Health

<http://oas.samhsa.gov/2k9/SAparents/SAparents.cfm>

National Center on Addiction and Substance Abuse

<http://www.casacolumbia.org/articlefiles/379-No%20Safe%20Haven.pdf>>No Safe Haven

Big Brothers Big Sisters mentoring is a proven program to help youth make healthy choices.



What is the Prevention Redesign Initiative (PRI)?

The Washington State Division of Behavioral Health and Recovery (DBHR) began implementing PRI in 2011 by redirecting state funding to better target and leverage limited prevention resources. PRI is being implemented through active partnerships with counties, Educational Service Districts (ESDs), local school districts, and the Office of the Superintendent of Public Instruction.

A coordinated funding approach will help provide long-term support for positive community change. Communities considered for PRI face complex challenges, such as higher than average rates of academic failure, economic deprivation and substance abuse. The selected communities also have a strong desire to improve the health of their youth, families and community.

Funding for PRI comes from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). PRI supports SAMHSA's initiative to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse and suicide.

Does Prevention Work?

Investing in prevention reduces substance abuse and the harm it causes to individuals, families and communities. DBHR funds evidence-based programs that reduce risk factors for substance abuse (such as early first use of drugs) and increases protective factors (such as bonding to community, family and healthy peers).

Since the 1980's, DBHR has invested in school and community based prevention and intervention programs for youth. Our biggest drug problem, underage drinking, is declining. From 2008 to 2010, there were 11,000 fewer youth in Washington who drank alcohol. Since 1990, the number of 8th graders who drink has been reduced by half (2010 WA Healthy Youth Survey).

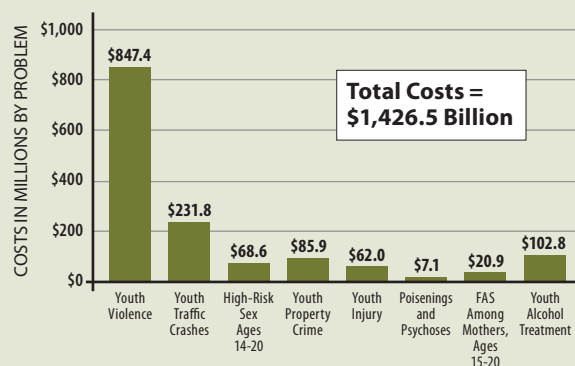
While these results are very promising, there is more work to be done. The 2010 Healthy Youth Survey found that among 10th graders:

- 28% had a drink in the past 30 days
- 16 % had 5 or more drinks in a row in the past two weeks
- 20% had used marijuana
- 13% had used cigarettes



Prevention programs help to increase family bonding, which reduces the risk that a child will misuse alcohol or other drugs.

Underage drinking cost the residents of Washington more than \$1.4 billion in 2007.



SOURCE: Pacific Institute for Research and Evaluation.
Underage Drinking in Washington – The Facts. Berkeley, CA: November 2009.





FACT:

EVIDENCE-BASED PREVENTION PRACTICES SAVE MONEY

For every dollar spent on Life Skills Training during 2010, \$360 per student was saved by preventing juvenile crime. During the 2009-2011 biennium, 7,495 youth in 13 Washington counties participated in Life Skills Training funded by DBHR. This is an estimated savings of \$2.7 million.

SOURCE: Washington State
Institute for Public Policy;
www.wsipp.wa.gov/rptfiles/11-07-1201.pdf

How will PRI help my community?

PRI communities will receive funding for training and technical assistance to do capacity building, assessment, planning, implementation and evaluation. This support is intended to help communities build on their past successes and to better measure impacts.

PRI is focusing on reducing underage drinking in the 8th and 10th grades. By reducing underage drinking, we also expect to reduce youth delinquency and mental health problems, and improve school performance.

When communities can show positive outcomes, it will build support for expanding prevention investments to more high need communities.

How are communities chosen for PRI funding?

County governments and educational service districts (ESDs) will identify at least 50 communities in Washington over the next three years to receive PRI services.

The first group of 19 PRI communities began prevention services in July 2011. The second and third group of communities will begin services in July of 2012 and 2013.

To be chosen for PRI, a community must be able to:

- Establish a coalition with people who represent at least eight community sectors.
- Employ at least one full-time prevention/intervention specialist in the selected school(s).
- Have at least one half-time community coordinator
- Show readiness to benefit from prevention programs
- Have trained volunteers and paid staff
- Implement evidence-based strategies: environmental, direct service, capacity building and public awareness
- Leverage resources to match intended outcomes in a performance-based contract
- Participate in integrating substance abuse prevention, mental health promotion, and primary care.
- Evaluate program and community-level change.

Who do I contact for more information?

Email Steve.Smothers@dshs.wa.gov or call (360) 725-3767.